SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)
HUMANE SOCIETY LEGISLATIVE FUND

Full Name (Last, First, Middle Initial) of Payee			Date
Diners Club			M M / D D / Y Y Y
Mailing Address			
P O Box 6935			Amount
			64.06
City	State	Zip Code	
The Lakes	NV	88901	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Transportation, lodging		Type	House Senate
Name of Federal Candidate Supported or Opposed by	F a alita		President District: 09
Gary Peters	Experiorure.	•	
Gary Fotoro			Check One: X Support Oppose
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		127.85	2010 Other (specify)
<u> </u>			
Full Name (Last, First, Middle Initial) of Payee			Date
Diners Club			M M / D D / Y Y Y
Mailing Address			10 30 2010
P O Box 6935			Amount
			13.82
City	State	Zip Code	
The Lakes	NV	88901	
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Transportation, lodging		Type	House Senate
Name of Federal Candidate Supported or Opposed by	Evnenditure		President District: 09
Gary Peters	Experienter c.	•	
,			X 11
Calendar Year-To-Date Per Election			Disbursement For: Primary X General
for Office Sought		141.67	Other (specify)
E HALL OF A STANDARD OF A			
Full Name (Last, First, Middle Initial) of Payee			Date
Diners Club			M M / D D / Y Y Y Y
Mailing Address			10 30 2010
P O Box 6935			Amount
City	State	Zip Code	2.48
The Lakes	NV	88901	
	•	T	Office Sought
Purpose of Expenditure		Category/	Office Sought: X House State: MI
Transportation, lodging		Type	House Senate District: 09
Name of Federal Candidate Supported or Opposed by	Expenditure:	:	President District:
Gary Peters			Check One: X Support Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election		144.15	2010
for Office Sought		144.13	Other (specify)
-			
(a) SUBTOTAL of Itemized Independent Expenditures			80.36
, , , , , , , , , , , , , , , , , , ,			
(b) SUBTOTALof Unitemized Independent Expenditure	es		
(a) CODICIALO CINCONIZOR Macportachi Exponential			
(c) TOTAL Independent Expenditures			
(carry total from last page forward to Line 7			